SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2014

			-			-	
REGISTRATION TYPE	1. ELECTION DA	TE (mm/dd/yyyy)	2. OFFI	CE OR POSITION SOUGHT	3. DISTRIC	CT NUMBER	
☐ Initial ☐ Amendmen	t				(If applicable)		
4. PARTY AFFILIATION							
□ Republican	□ Democratic	ΠО	ther (Speci	(fy)			
5. CANDIDATE NAME							
First Name		М	I	Last Name S			
6. CANDIDATE RESIDEN	CE ADDRESS			7. CANDIDATE MAILING ADDRESS (If differe	nt)		
Street Address				Address			
City		State Zip	p Code	City	State	Zip Code	
8. CANDIDATE TELEPHO	ONE	9. CANDID	DATE EM	AIL ADDRESS			
(Include Area Code)							
10. DESIGNATION OF CA	MPAIGN FUNDING	SOURCE					
(Check one)							
 □ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement. Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement. 							
■ B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.							
Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.							
Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee.							

See Section 9-623(b), Connecticut General Statutes.

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION Candidate Committee Registration Statement

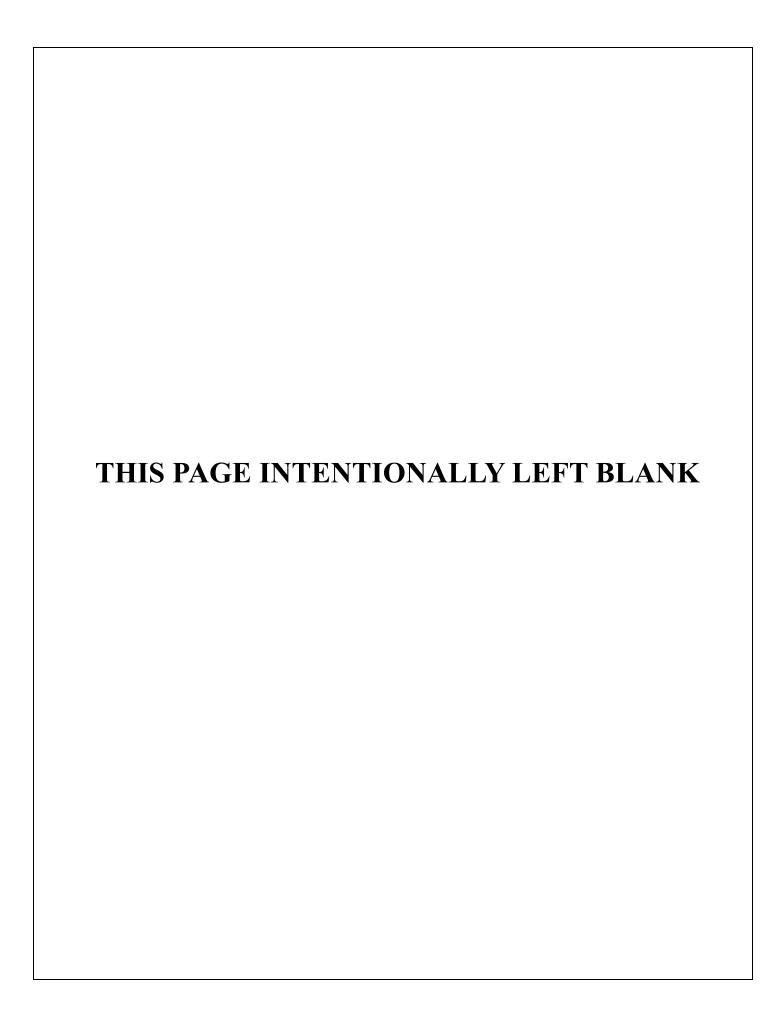


Revised January 2014

REGISTRATION TYPE	AME								
☐ Initial ☐ Amendment									
11. COMMITTEE NAME									
12. COMMITTEE ADDRESS				13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address				Email Address					
City		State	Zip Code	Website					
15. TREASURER NAME									
First Name			MI	Last Name		Suffix			
16. TREASURER RESIDENCE	CE ADDRESS			17. TREASURER MAILING ADDRESS (If diff	erent)				
Street Address				Address					
City		State	Zip Code	City	State	Zip Code			
18. TREASURER TELEPHON	NE	19. TR	EASURER E	CMAIL ADDRESS					
(Include Area Code) 20. DEPUTY TREASURER N	AME								
First Name			MI	Last Name		Suffix			
21. DEPUTY TREASURER RESIDENCE ADDRES				22. DEPUTY TREASURER MAILING ADDRESS (If different)					
Street Address				Address					
City		State	Zip Code	City	State	Zip Code			
23. DEPUTY TREASURER T		24 DE	DITEX TOE	SURER EMAIL ADDRESS		_			
(Include Area Code)									
	ELEPHONE	24. DE	PUTY TREA	SUKER EMAIL ADDRESS					
25. DEPOSITORY INSTITUT		24. DE	PUTY TREA	SUKER EMAIL ADDRESS					
25. DEPOSITORY INSTITUT		24. DE	PUTYTREA	SURER EMAIL ADDRESS					
25. DEPOSITORY INSTITUT	TION NAME	24. DE	PUTYTREA	SUKER EMAIL ADDRESS					
	TION NAME	24. DE	PUTYTREA	City	State	Zip Code			

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REGISTRA	ATION TYPE	CANDIDATE NAME				
☐ Initial	☐ Amendment					
27. CERTIF	TICATION					
common this s	nittee registration statement includ	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions.				
CANE	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				
Treasurer						
candi electe conta	idate to serve as or in the State of tined in Chapter	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an f Connecticut. I intend to comply with all the campaign finance disclosure requirements as 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions a contributions and expenditures.				
I cert	ify that I have p	aid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.				
juriso unde plea	I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.					
	ify that I am not mission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
TREA	SURER SIGNATURE	DATE (mm/dd/yyyy)				
Deputy Treasure	er .					
cand and a autor that I requi	idate to serve as accept that, in the natically become am an elector in rements as contains.	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance disclosure ained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or any campaign contributions and expenditures.				
I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive						
I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.						
	ify that I am not reement Commi	t otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.				
DEPU	TY TREASURER SIGNA	TURE DATE (mm/dd/yyyy)				



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee



Revised January 2014

REG	SISTRA	ATION TYPE	CANDIDATE NAME				
□ Iı	nitial	☐ Amendment					
11. R	1. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE						
	I hereby certify that I am exempt from forming a candidate committee because: (CHECK ONE)						
	polit	cical committee	ate of candidates whose campaigns are being funded solely by a town committee or a formed for a single election or primary and expenditures made on my behalf will be mittee sponsoring my candidacy. The name of this sponsoring committee is:				
			OR				
	cont thou	ributions from o sand dollars (\$1	by campaign entirely from my own personal funds and will not request or receive other individuals or committees and I understand that if I make expenditures exceeding one 1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) he schedule and in the same manner as required of treasurers of candidate committees.				
			OR				
	C. I	do not intend	to receive or expend funds in excess of one thousand dollars (\$1,000).				
			OR				
	D. I	do not intend	to receive or expend any funds, including personal funds, for this campaign.				
12. C	ERTIF	ICATION					
	cand	•	state, under penalties of false statement, that this statement of exemption from forming a e, for the reason checked above, is true, accurate and complete to the best of my ef.				
	CAND	IDATE SIGNATURE	DATE (mm/dd/yyyy)				